

**Officeholder, Candidate,
and Controlled Committee
Campaign Statement — Long Form**

(Government Code Sections 84200-84216.5)
SEE INSTRUCTIONS ON REVERSE

Type or Print in Ink.

Statement covers period from <u>7/1/92</u> through <u>12/31/92</u>	Date Stamp RECEIVED JUL 10 1992 CITY CLERK CITY OF LODI	CALIFORNIA 1991 FORM 490 Page <u>1</u> of <u>2</u> A For Official Use Only
Date of Election If applicable: (Month, Day, Year) _____		

Check one of the following boxes to indicate the type of statement being filed:

- ☐ Pre-election Statement
☐ Supplemental Pre-election Statement (Attach a completed Form 495 to this statement)
☒ Semi-annual Statement
☐ Termination Statement (Attach a completed Form 415 to this statement)

**I Officeholder, Candidate,
and Controlled Committee
Included in this Statement**

NAME OF OFFICEHOLDER OR CANDIDATE

John Randolph Snider

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Council Member

RESIDENTIAL OR BUSINESS ADDRESS (NO. AND STREET)

2328 Brittany Lane

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

Lodi CA 95242 (209) 333-0900

COMMITTEE NAME ID NUMBER

Committee to Elect Randy Snider 820693

COMMITTEE ADDRESS (NO. AND STREET)

2328 Brittany Lane

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

Lodi CA 95252 (209) 333-0900

NAME OF TREASURER

Stephen C. Snider

PERMANENT ADDRESS OF TREASURER (NO. AND STREET)

2426 Grenoble Court

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

Lodi CA 95242 (209) 334-5144

II Other Committees Not Included in this Statement: List any other committees not included in this consolidated statement that are controlled by you and any committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME ID NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

COMMITTEE NAME ID NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

Attach additional information on appropriately labeled continuation sheets.

III Verification

Treasurer:

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 12/30/92 At Lodi, California
DATE CITY AND STATE

By _____
SIGNATURE OF TREASURER

Officeholder or Candidate:

I have used all reasonable diligence and to the best of my knowledge the treasurer has used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 12/30/92 At Lodi, California
DATE CITY AND STATE

By John R. Snider
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Campaign Disclosure Statement Summary Page

Type or Print in Ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 7/1/92
through 12/31/92

CALIFORNIA
1991 FORM **490**

Page 1 of 2

I.D. NUMBER

820693

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE:

John Randolph Snider - Committee to Elect Randy Snider

10. SUBTOTAL CASH PAYMENTS	Add Lines 8 + 9	\$	<u>0.00</u>	\$	<u>0.00</u>	\$	<u>0.00</u>
11. Accrued Expenses (Unpaid Bills)	Schedule F, Line 5	\$	<u>0.00</u>	\$	<u>0.00</u>	\$	<u>0.00</u>
12. TOTAL EXPENDITURES MADE	Add Lines 10 + 11	\$	<u>0.00</u>	\$	<u>0.00</u>	\$	<u>0.00</u>

Current Cash Statement

13. Beginning Cash Balance	Previous Summary Page, Line 17	\$	<u>1,085.00</u>
14. Cash Receipts	Column A, Line 3 above	\$	<u>0.00</u>
15. Miscellaneous Increases to Cash	Schedule I, Line 4	\$	<u>0.00</u>
16. Cash Payments	Column A, Line 10 above	\$	<u>0.00</u>
17. ENDING CASH BALANCE	Add Lines 13 + 14 + 15, then subtract Line 16	\$	<u>1,085.00</u>
If this is a Termination Statement, Line 17 must be zero.			

*From previous Statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Enforceable Promises (Line 6), Loans Made (Line 9), and Accrued Expenses (Line 11).

18. LOAN GUARANTEES RECEIVED	Schedule B, Part I, Column (b)	\$	<u>0.00</u>
------------------------------------	--------------------------------	----	-------------

Cash Equivalents and Outstanding Debts

19. Cash Equivalents	See instructions on reverse	\$	<u>0.00</u>
20. Outstanding Debts	Add Line 2 + Line 11 in Column C above	\$	<u>0.00</u>

Summary for Candidates in Both June and November Elections

	1/1 thru 6/30	7/1 to Date
21. Contributions Received	\$	
22. Expenditures Made	\$	